

CHESTERFIELD COUNTY POLICE DEPARTMENT
Background Prescreening Worksheet

PERSONAL HISTORY:

Full Name: _____

Full Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Business Number: _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ U. S. Citizen? **Yes / No**

Have you applied with our department in the past? **Yes / No**. If yes, when? _____

OPERATOR'S LICENSE:

Operator's License Number: _____ State: _____

Has your Operator's License ever been suspended or revoked? **Yes / No**. If yes, date _____

Jurisdiction: _____ Explain: _____

Have you ever been convicted of driving on a revoked/suspended license? **Yes / No**. If yes, where and when? _____

Have you ever held an operator's license in another state(s)? **Yes / No**. If yes, list state(s) and license no.(s): _____

Furnish information on any summons or arrests, including any traffic and criminal violations anywhere, either as a juvenile or adult. (Attach sheet for additional information)

<u>Date</u>	<u>Charge/Violation</u>	<u>Location</u>	<u>Court Findings</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRUG USE:

Have you ever, as a juvenile or adult, experimented or used any type of illegal substances or drugs, including marijuana, cocaine, hallucinogens, etc.? **Yes / No**. Explain what drug(s), when, what age, level of use? _____

(OVER)

POLICE RECORD:

Have you or any family member been arrested for or convicted of a felony? **Yes / No.** If Yes, explain in detail: _____

Have you ever been stopped or detained by the police? **Yes / No.** If Yes, explain: _____

FINANCIAL STATUS:

Have you ever claimed bankruptcy, had your wages garnished, or had a civil judgement against you? **Yes / No.** If Yes, when / circumstances / current status? _____

EDUCATION:

High School: _____ Diploma/GED: _____
College: _____ State: _____ Credit Hours Earned: _____
Currently Enrolled: **Yes / No.** Degree Rec'd. (Date /Type): _____

LAW-ENFORCEMENT EXPERIENCE:

1. Agency Name: _____ Dates: _____
2. Agency Name: _____ Dates: _____

MILITARY EXPERIENCE:

Branch: _____ Dates: _____ Rank: _____
Type of Discharge: _____ Primary Duties: _____

SEX: - Male / Female **RACE:** (Circle the appropriate letter)
A - White | **B** - Black | **C** - Hispanic American | **D** - Asian American | **E** - American Indian

REFERRAL: (Circle primary source only)

Cable TV	Career Fair _____
Jobline	County Employee _____
Virginia Employment Commission	Publication _____
Newspaper _____	Vacancy Announcement _____
Other _____	

DATE AVAILABLE FOR EMPLOYMENT: _____

CERTIFICATION:

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. Any willful omission or misrepresentation of fact on this questionnaire may be grounds for rejection of my application.

Applicant Signature: _____ Date: _____